



# PMU BROW COSMETICS FORM

## Client Information Sheet

NAME \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS \_\_\_\_\_ DOB: \_\_\_\_\_

PHONE \_\_\_\_\_ Email: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

### **PROCEDURES DESIRED:**

**Microblading**    **Microshading**    **Ombre**    **Eyebrow Correction**    **Other** If you selected "other" please explain: \_\_\_\_\_

PMU Cost: \_\_\_\_\_ PMU Color: \_\_\_\_\_

I certify that I am over the age of 18, I am not under the influence of drugs or alcohol, I am not pregnant, and I consent to receiving the indicated micro-pigmentation procedure below:

Procedure Desired: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **MEDICAL HISTORY**

Are you presently taking any medication that thins the blood? \_\_\_ Yes \_\_\_ No

Are you taking other medications? Yes No If yes, explain: \_\_\_\_\_

Are you currently under the care of a physician? \_\_\_ Yes \_\_\_ No

If so, why? \_\_\_\_\_ Physician's name: \_\_\_\_\_

### **Do you have any of the following medical conditions/problems?**

Cancer    Diabetes    High Blood Pressure    Skin Disease    Blood Clotting    Seizure Disorder    HIV/AIDS

Hormone Imbalance    Abnormality    Hepatitis    Hemophilia or any bleeding disorder    Herpes    Keloids

Thyroid Imbalance    Moles or freckles at the site of the tattoo    Any Active Infections, please explain:  
\_\_\_\_\_

Have you had any (Eyelid surgery), and Forehead/Brow lift? \_\_\_ No \_\_\_ Yes, When? \_\_\_\_\_

ANY ALLERGIES TO METALS, LATEX OR LIDOCAINE? \_\_\_ No \_\_\_ Yes

Have you had any Botox within the last 3 months? \_\_\_ No \_\_\_ Yes

Botox relaxes the muscles in your forehead, which can temporarily change the placement of your eyebrows. For PMU (permanent makeup) procedures like microblading, which keeps your brows in place, you should wait until the Botox has completely worn off.

# CONSENT TO APPLICATION OF PERMANENT MAKEUP PROCEDURE

NAME \_\_\_\_\_ DATE \_\_\_\_\_ DOB \_\_\_\_\_

I, \_\_\_\_\_ am over the age of 18, am not under the influence of drugs or alcohol and desire to receive the indicated permanent cosmetic procedure.

PROCEDURE(S): \_\_\_\_\_ NO. OF VISITS REQUIRED: \_\_\_\_\_

**Read each statement carefully-** I understand the following completely: (initial each statement)

→ I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to infection, allergic reaction, scarring, inconsistent color, spreading, fanning, or fading of pigments. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art. I request the permanent skin pigmentation procedure(s) and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s). X \_\_\_\_\_

→ I understand that if I have any skin treatments, laser hair removal, plastic surgery, or other skin-altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable. X \_\_\_\_\_

→ I have received pre-and post-procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances of a successful procedure. If I am on any medication for depression or any other mood-altering prescription, I will advise my technician. If I have ever had cold sores, I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure around my lips. X \_\_\_\_\_

→ I understand that the taking of before and after photographs of the said procedure(s) is a condition of such procedure(s). I certify that I have read and initialed the above paragraphs and have explained to my understanding this consent and the procedure permits. I accept full responsibility for the decision to have this cosmetic tattoo work done.

\_\_\_\_\_ The Final result cannot be determined until brows completely healed at 4 to 6 weeks.

\_\_\_\_\_ I understand that permanent and semi-permanent makeup procedures cannot be guaranteed and results cannot be predicted, as many variables contribute to the final result, such as aftercare, skin type, lifestyle, etc. Microblading is not a replacement for a "makeup" look and some clients may still feel the need to fill in their brows.

\_\_\_\_\_ There may be fading and/or discoloration. **The result may not be what I expected to receive.** I understand this is a semi-permanent makeup procedure that may take numerous follow-ups and touch-ups to get the desired result. I must schedule the touch-up for 6 to 8 weeks after my initial treatment. I have read and understood the Fees & Policies sheet.

★ I understand that I accept full responsibility for the decision to have this cosmetic PMU work done.

CLIENT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

TECHNICIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_



## Permanent Makeup Procedure Fees and Policies

Please read **thoroughly** and carefully and **initial** or sign where indicated.

★ I understand that if I fail to cancel my appointment within 24 hours, the \$50 deposit made is **non-refundable**. Due to the considerable time being reserved for you, procedures are appointment-based only. X \_\_\_\_\_

★ The cost of the \_\_\_\_\_ procedure is \$ \_\_\_\_\_ – includes the initial session with an additional required touch-up 6-8 weeks later for \$100.

\_\_\_\_\_ I understand that if I need to reschedule the appointment, I need to give a minimum of 2 business days' notice, otherwise I will be required to pay an **additional \$25 retainer fee to reschedule the appointment** as a short notice rescheduling does not give us enough time to fill the spot and we value our artists' time.

Permanent Makeup is All About You!

Our goal is to offer you the highest standards of service and personal care in a professional environment, ensuring you will want to return and recommend our services.

Late Arrival Policy

Arriving late will deprive you of valuable service time. As a courtesy to the next guest, your treatment will end at the time originally scheduled. Late arrivals may be rescheduled, or the remainder of the service time may be used at full price.

Children Under 13 Policy

Due to liability reasons, no children under 13 are allowed in the treatment area. We want to provide the best relaxation atmosphere for our clients. Thank you for your understanding.

Cell Phone Policy

Cell phone use is not permitted while permanent makeup services are in progress.

Additional Appointments

Two or more appointments may be necessary to achieve and complete most permanent makeup procedures depending on each person's skin. Permanent Makeup Maintenance / Touch-ups are not included in the original procedure fee.

Treatment Room Policy

Only clients receiving service will be allowed within the treatment room.

By signing this form, I am acknowledging that I have read and fully understand the policies. Any questions I have regarding the policies have been answered and explained to me.

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Client Signed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Technician Signature

\_\_\_\_\_  
Date